

## APPLICATION FORM

Thank you for applying for a position with our Society. All applications will be treated in the strictest confidence. Please complete all sections using **BLOCK CAPITALS**

**VACANCY INFORMATION**

Position applied for:

How did you hear about this vacancy?

Location of Vacancy:

Have you worked for the Society before?

If so when & where?

**PERSONAL DETAILS**

Surname: \_\_\_\_\_

Mr/Mrs/Miss/Ms (delete as appropriate)

Forename: \_\_\_\_\_

Previous Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No. Home: \_\_\_\_\_

\_\_\_\_\_

Tel No. Work: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Are you over 18? YES/NO

If No please enter your Date of Birth: \_\_\_\_\_

Do you hold a full current driving licence? YES/NO

Do you have any endorsements on your licence? (If yes please give details)

\_\_\_\_\_

Do you have proof of your entitlement to work in the UK? YES/NO

All applicants who are successful for interview will be required to present their original documents to prove their eligibility to work and provide a photocopy of the original documents that the Society will retain.

**CRIMINAL/CIVIL CONVICTIONS**

Please give details of any criminal or civil convictions which are not spent under the Rehabilitation of Offenders Act 1974. **If none, please state none.**

\_\_\_\_\_

If any of your relatives are employed by either Scotmid or semichem please state their name, place of work and their relationship to you:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_

Relationship: \_\_\_\_\_

## YOUR EDUCATION

Please give details of the school/college/university you attended or are attending starting with the most recent.

Location	Dates	Qualifications

## PROFESSIONAL QUALIFICATIONS, MEMBERSHIP OR OTHER TRAINING RELEVANT TO YOUR APPLICATION

--

## DO YOU HOLD ANY OF THE FOLLOWING CERTIFICATES?

Basic Food Hygiene	YES/NO	Date Achieved:	Fork Lift Licence	YES/NO
Intermediate Food Hygiene	YES/NO	Date Achieved:	HGV Licence	YES/NO
Personal Licence Holder	YES/NO	Date Achieved:	Embalming Certificate	YES/NO

## MEDICAL INFORMATION

If you consider yourself disabled would you require any equipment or support as a result of your disability to enable you to perform the duties of the position you are applying for?

---

---

How many days have you been absent from work in the past two years due to illness or injury?

---

What were the reasons for these absences?

---

Do you suffer from any medical condition or health concerns which would not enable you to carry out the role you have applied for?

---

---

I declare that the medical details provided by me are full & truthful and understand that any false statement or omissions may result in my employment being terminated. I understand that during or after a period of absence I may be required to attend a medical consultation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT DETAILS

Please record your employment details **starting** with your present or most recent employer and include any previous employment with either Scotmid or semichem.

Dates		Position Held	Employers Name, Address & Telephone Number	Responsibilities	Salary	Reason for Leaving
From	To					

Please give details for any breaks in employment: \_\_\_\_\_

## NOTICE PERIOD & REFERENCES

<b>Notice Period:</b>	<b>Employment References</b> The Society will ask your current employer or previous employer for references. These will not normally be taken up until you have accepted our offer of employment. <b>Employment is subject to receipt of satisfactory references</b>
-----------------------	---

If you have no previous employment please provide details of **TWO** Character references that we may contact who are not related to you (eq. School Teacher, Course Leader, Minister etc)

<b>Character Reference</b>  Name: _____  Address: _____  _____  Tel No. _____  Relationship: _____	<b>Character Reference</b>  Name: _____  Address: _____  _____  Tel No. _____  Relationship: _____
--	--

## ABOUT YOU

Why do you want to work for us?

---

What do you think the job you have applied for involves?

---

What is your proudest achievement during your education or at work so far?

---

What does good customer service mean to you?

---

How would your friends or colleagues describe you?

## YOUR AVAILABILITY

No restriction on days or times (please tick if you can work any hours available)

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Earliest Start Time							
Latest Finish Time							

How many hours per week approximately are you looking to work?

30 hours plus		16-20 hours		Nightshift Full Time	
25 to 30 hours		Under 16 hours		Nightshift Part Time	

## Uniform Size

<b>Top</b>	XS	Small	Medium	Large	XL	XXL
<b>Trousers</b>	Waist					
	Length	Short	Medium	Long		

I certify that the information contained on this application form is correct and acknowledge that any falsification may be the cause for refusal or termination of my employment .

The Society may, depending on job role, access publicly available information to verify your identity, address details provided are accurate, credit rating indicator, salary arrestment's or known alias (s) to protect the Society and its assets if an offer of employment is to be made. The checks carried out will not have an impact on your credit rating status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should you be required to attend interview you will be contacted within three weeks

# DIVERISTY MONITOR

## Question 1 – Ethnicity

What is your ethnic group?  
(Please tick [✓] the appropriate box to indicate your cultural background)

### A White

Scottish

English

Irish

Welsh

Any other White background \_\_\_\_\_  
Please write in

### B Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background \_\_\_\_\_  
Please write in

### C Black, Black Scottish or Black British

Caribbean

African

Any other Black background \_\_\_\_\_  
Please write in

### D Mixed

Any Mixed background \_\_\_\_\_  
Please write in

### E Other ethnic background

Any other background \_\_\_\_\_  
Please write in

## Question 2 – Religion

What is your religion?  
(Please tick [✓] the appropriate box to indicate your religion)

A None

B Christian   
(including Church of Scotland, Roman Catholic, Protestant and all other Christian denominations)

C Buddhist

D Hindu

E Jewish

F Muslim

G Sikh

H Any other religion \_\_\_\_\_  
Please write in

## Question 3 – Disability

Do you have a disability?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

The Disability Discrimination Act (DDA) protects disabled people. The Act sets out the circumstances in which a person is "disabled". It says you are disabled if you have:

- a mental or physical impairment
- that has an adverse effect on your ability to carry out normal day-to-day activities
- the adverse effect is substantial -the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life)